

APPLICATION TO CONSIDER DELAYED PAYMENT OF SPECIAL ASSESSMENTS, RESULTING FROM A
PUBLIC IMPROVEMENT, FOR SENIOR CITIZENS OR CITIZENS PERMANENTLY DISABLED,
HOMESTEAD LAWS 1974, CHAPTER 206, OF SAINT PAUL ADMINISTRATIVE CODE
SECTION 64.07 AND 64.08 AS AMENDED

STATE OF MINNESOTA }
COUNTY OF RAMSEY }

DATE _____, 20____.

TO: DEPARTMENT OF PUBLIC WORKS
TECHNICAL SERVICES DIVISION - REAL ESTATE
1000 CITY HALL ANNEX
25 W 4TH STREET
SAINT PAUL, MN 55102

I/We, the undersigned, declare:

That I/We reside at _____.
That I am/We are, not less than 65 years of age or permanently disabled and that the date
of my/our, birth is _____, That I am/we are
the owner(s) of the property legally described as: _____

Property Identification Number: _____

That on January 2, 20____, I/We owned and occupied the above property as my/our
homestead and such occupancy began on (Date) _____.

That the installments for public improvements on the special assessments duly ratified
and adopted by the City Council of Saint Paul as of (Date) _____ 20____
which have been allocated against the subject property would create undue personal
hardship on my/our behalf and further that the annual payment for assessments levied against
the subject property exceeds One Percent of the adjusted gross income as evidenced by my/our
most recent Federal Income Tax Return. I understand the policy is not a forgiveness of the
obligation, but merely postpones the payment. Interest commences the same date as non-
deferred payments and runs until date of payment. Any deferred payment of special
assessments on this authorization shall be for a period of no longer than the date on which the
term set forth for collecting the above mentioned special assessment expires.

I/We have read the foregoing statements and the answers made, and under
penalty of perjury, declare them to be true and correct to the best of my/
our knowledge and belief.

Signed _____
Signature of Applicant

Signed _____
Signature of Applicant

Do not write below this line, please! _____

<u>NAME OF ASSESSMENT</u>	<u>FILE NUMBER</u>	<u>ASSMT NUMBER</u>	<u>TOTAL AMOUNT</u>	<u>YEARS OF COLLECTION (Inclusive)</u>	<u>INTEREST RATE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Your application for deferred payment of the special assessment(s) listed above has been
Duly _____ approved or _____ denied as of (Date) _____, 20____

By _____.

**AFFIDAVIT TO ACCOMPANY THE APPLICATION FOR
DELAYED PAYMENT(DEFERMENT) OF SPECIAL ASSESSMENTS
FOR SENIOR CITIZENS OR CITIZENS PERMANENTLY DISABLED,
HOMESTEAD LAWS 1974, CHAPTER 206, SAINT PAUL ADMINISTRATIVE CODE**

I, _____, being first duly sworn, do depose and state
that my/our gross income for the year _____ was in the amount of
\$_____.

Signed _____
Signature of Applicant

Signed _____
Signature of Applicant

Sworn to before me
this _____ day of _____, 20____.

Notary Public, County of _____, State of _____.

My commission expires _____.

INSTRUCTIONS FOR MAKING APPLICATION FOR DELAYED PAYMENT (DEFERMENT) OF SPECIAL ASSESSMENTS

A request to defer payment of local improvement special assessments may be made by applying at the Department of Public Works, Technical Services Division – Real Estate, 1000 City Hall Annex, Saint Paul, MN 55102.

A form entitled "APPLICATION AND AUTHORIZATION FOR DELAYED PAYMENT OF SPECIAL ASSESSMENTS FOR SENIOR CITIZENS OR CITIZENS PERMANENTLY DISABLED, HOMESTEAD LAWS 1974, CHAPTER 206, OF SAINT PAUL ADMINISTRATIVE CODE" is enclosed.

You must complete and return the application form.

If you are 65 or older and applying for deferment of an assessment through the Residential Street Vitality Program (RSVP), you only need to return the application.

If you are 65 or older and applying for deferment of other assessments, such as sidewalks or lead service replacement, you must submit the application form, together with a copy of your latest federal income tax return

If you are not 65 years old, but are permanently disabled, and you must submit the application form, together with a copy of your latest federal income tax return AND a doctor's certificate stating you are unable to perform any form of work.

Upon review of your application, a decision will be made to approve or deny your request, based on compliance with the conditions as set out in the appropriate laws.

You will be notified in writing as to whether or not your application has been approved.

Questions? Call 651-266-8858

APPLICATION FOR DEFERMENT OF SPECIAL ASSESSMENT PAYMENTS

Requirements:

1. One or both of the property owners must be over 65 years old or permanently disabled.
2. The property must be homesteaded.
3. The annual payment of ALL assessments levied against the property exceeds 1% of the property owner's adjusted gross income, as shown on the most recent Federal Income Tax Return. (If no income tax return filed, a sworn affidavit will suffice). In addition, for permanently disabled persons a Doctor's certificate is required stating the person is unable to perform any form of work.
4. The policy is not a forgiveness of the assessment, but merely postpones the payment. Also, the accrual of interest begins on the same date as other non-deferred payments and runs until date of payment.
5. In the event that the deferment terminates during the installment period (20 years maximum), full payment of the installment and accrued interest up to that date will be required in a single payment. The remaining balance may then be paid over time according to the original pay back schedule.
6. The property owner shall be given an instruction sheet, application form and whatever assistance may be required to properly complete the application.
7. Written approval or disapproval shall be mailed to the applicant as soon as possible.

Questions? Call 651-266-8858